

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90192 046 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F98000003895**

1. Corporation Name  
**SOUTHEASTERN BANK**

Principal Place of Business  
**1010 NORTHWAY ST  
 DARIEN GA 31305**

Mailing Address  
**1010 NORTHWAY ST  
 DARIEN GA 31305**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	<b>P.O. Box 455, 1010 Northway</b>	<b>06/25/1998</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		<b>58-0214350</b>	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23		28	<b>Darien, GA</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip Country		Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24		29	<b>31305</b>		
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>DYAL, ANN 104 W. 2ND ST HILLIARD FL 32046</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	<b>7964 W. County Road 108</b>		
				84	City	<b>Hilliard,</b>	85

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>C</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>C/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLLAND, CORNELIUS P III</b>	1.2 NAME	<b>Holland, Cornelius P. III</b>
STREET ADDRESS	<b>142 ROSEMONT ST</b>	1.3 STREET ADDRESS	<b>253 Saint James Avenue</b>
CITY-ST-ZIP	<b>ST. SIMONS ISLAND GA 31522</b>	1.4 CITY-ST-ZIP	<b>St. Simons Island, GA 31522</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LITTLE, S. MICHAEL</b>	2.2 NAME	<b>Little, S. Michael</b>
STREET ADDRESS	<b>3 RIVER CLUB DR</b>	2.3 STREET ADDRESS	<b>3 River Club Dr.</b>
CITY-ST-ZIP	<b>DARIEN GA 31305</b>	2.4 CITY-ST-ZIP	<b>Darien, GA 31305</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLUESTEIN, DAVID</b>	3.2 NAME	
STREET ADDRESS	<b>FORT KING GEORGE DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DARIEN GA 31305</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, ARCHIE C JR</b>	4.2 NAME	
STREET ADDRESS	<b>1011 NORTHWAY ST</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DARIEN GA 31305</b>	4.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PITTS, WANDA</b>	5.2 NAME	
STREET ADDRESS	<b>207 ASHANTILLY RD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DARIEN GA 31305</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *S. Michael Little* **2/5/99** (912) 437-4141  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (11/98)